DOCUMENT RESUME

ED 460 520 EC 306 896

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TITLE Onward to Outcomes in the School of the Future.
PUB DATE 1996-02-00
NOTE 7p.; In: A System of Care for Children's Mental Health: Expanding the Research Base. Proceedings of the Annual Research Conference (9th, Tampa, FL, February 26-28, 1996); see EC 306 844. Table and figures are not available from ERIC.
AVAILABLE FROM For full text: http://rtckids.fmhi.usf.edu/Proceed9th/9thprocindex.htm.
PUB TYPE Reports - Research (143) -- Speeches/Meeting Papers (150)
EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Agency Cooperation; Behavior Disorders; *Early Intervention; Elementary Secondary Education; *Emotional Disturbances; *Integrated Services; *Low Income Groups; Minority Group Children; Models; Preschool Education; Program Effectiveness

ABSTRACT

This paper discusses the results of a study that investigated the effectiveness of a comprehensive school-based service program in Texas. The "School for the Future" project was a 5-year demonstration project in 4 Texas cities that was designed to develop and coordinate health and social services though targeted schools in low income, predominately ethnic minority locales. Services were provided for children from pre-natal care through age 15 and their families. Each site received a grant of $50,000 per year for 5 years that essentially provided salary and benefits for one full-time position, the Project Coordinator, and a small operating budget. The purpose was to develop a potentially replicable, affordable model of comprehensive service delivery which could be used in localities with limited financial resources. The study sample includes all students enrolled in the target schools and measured changes in students' mental health, self-esteem, and perceptions of school climate. Results showed that although there were considerable outcomes in the community which can be linked to the intervention, there were no changes in student mental health, self-esteem, or school climate which could be linked to the intervention. (CR)

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The 9th Annual Research Conference Proceedings, A System of Care for Children's Mental Health: Expanding the Research Base (February 26 - 28, 1996).

ED 460 520

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Introduction

In conjunction with the school reform and children's mental health movements, the concept of full service schools has received considerable attention in the last few years (Dryfoos, 1994). At the same time, increasing attention has been given to the need for outcome measures of effectiveness across the spectrum of health and human services. This summary reports on efforts to conduct longitudinal research to assess the efficacy of a comprehensive school-based service program in Texas, the School of the Future project.

The School of the Future, funded by the Hogg Foundation for Mental Health, was a five year demonstration project in four Texas cities: Austin, Dallas, Houston, and San Antonio. Each site received a grant of $50,000 per year for five years to develop and coordinate health and social services through targeted schools in low income, predominantly ethnic minority locales. Services were provided for children from pre-natal care through age 15, and their families. The grant essentially provided salary and benefits for one full time position, the Project Coordinator, with a small operating budget. The grant was intentionally small enough that direct purchase of services was a very limited option, thus directing efforts of the Coordinators toward collaborative efforts with existing resources, or securing outside funding for services. The purpose was to develop a potentially replicable, affordable model of comprehensive service delivery which could be used in localities with limited financial resources.

In addition to the one million dollars in direct grant support, the Hogg Foundation committed an equal amount to indirect support, primarily for evaluation of the project. The evaluation plan for the School of the Future was enhanced through consultation with directors of two earlier projects, Dr. James Comer (Comer, 1980; 1988) and Dr. Edward Zigler (Zigler, 1989), and a school-based service project in

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Philadelphia funded by the Center for Education in the Inner Cities (CEIC) Project at Temple University (Keir, Culler, & Diamond, 1993). An interdisciplinary team of evaluation research consultants was drawn from the University of Texas at Austin, the University of Texas Health Science Center in Houston, the University of Texas Health Science Center in San Antonio, and Southwestern Medical School in Dallas.

The purpose of the School of the Future evaluation was (a) to assist in site planning for program development, (b) to inform key decision makers including legislators, and (c) to develop a blueprint for replication of the model. Additionally, it was recognized that the development of a large scale longitudinal database of the physical and mental health of primarily Hispanic children from low income neighborhoods was unique and could foster additional on-going research. A total of approximately 12,000 students across the four program sites were included in the longitudinal database. This report focuses on one site (Site A) with about 3,000 students.

The intervention model represented in the School of the Future was based on an implicit theory of practice that a program of comprehensive integrated family social services, made accessible through local schools, will improve family functioning, student health, mental health, and academic performance. The research question which drove the evaluation efforts was: Given a shared vision of comprehensive services and community empowerment, can a targeted investment in a single individual serve as a sufficient catalyst to identify, implement, and coordinate services to improve student mental and physical health, and academic performance?

Method

Evaluation Design

The evaluation included two primary components, a systemic analysis and an effectiveness study based on student outcomes. Although a number of students did receive direct services as a result of the School of the Future, the intervention was primarily a systemic intervention&endash;the introduction of a single individual to serve as a catalyst for the development and delivery of comprehensive services. The systemic analysis was based on a process evaluation of program implementation, including (a) an ethnographic study of the community which included repeated key informant interviews, (b) a community needs/assets assessment completed by trained neighborhood volunteers, and (c) family interviews conducted at the end of the grant period. Finally, an impact study which evaluated the relative costs of bringing services into the community and the benefit achieved for the community was conducted.

The effectiveness study initially attempted to use a quasi-experimental design including a comparison school matched for ethnicity and percent free lunch. This was later altered, dropping comparison school data and instead attempting to develop matched comparisons within the target schools. In addition, longitudinal data was collected on individual students. Nationally normed instruments were complemented by school district data on student attendance, discipline and achievement. Changes in student mental health, self-esteem, and perceptions of school climate were evaluated. The study sample included all students enrolled in the target schools. Parental consent was declined for a small proportion of students (< 5%).

Measures and Data Collection

The focus of the School of the Future is the student; its ultimate goal is to improve the quality of life for children. From earlier school-based efforts, we know that changes at the school level do not occur quickly. We looked for changes at the community level which could be linked to the project as well as changes in school climate, in families who received considerable direct services, and in the physical and mental health, self-concept self esteem, and academic achievement of students.

Student surveys comprised the primary instrument for data collection using standardized instruments. All students in the target schools served as the sample. Parent consent was secured prior to student inclusion. Middle school students annually completed a survey packet during a single class period which included Achenbach's Youth Self-Report (YSR) version of the Child Behavior Checklist (Achenbach, 1991a), the "School Life" section of the National Education Longitudinal Study (National Center for Education Statistics, 1988), and Rosenberg's Self-Esteem Measure

Statistics, 1988), and Rosenberg's Self-Esteem Measure (Rosenberg, 1965). School district data was also obtained including information on grades, standardized test scores, and attendance. District data were linked to individual student's survey responses. For elementary-aged students, teachers annually completed the Teacher Report Form version of Achenbach's Child Behavior Checklist (Achenbach, 1991b). School climate was measured using an annual administration of the "Teacher School Climate" survey of the National Education Longitudinal Study (National Center for Education Statistics, 1988).

Results

Community Impact

The School of the Future project was perceived as clearly successful in all four cities. Though Hogg Foundation funding ceased in August, 1995, the project has continued and has been replicated in each of the original sites. More specifically for Site A, the School of the Future appears to have had considerable measurable direct impact on the community. Over $670,000 in new money for direct services to children and families was generated, and more than thirty new service programs in areas of health, violence prevention, parenting support, mental health, recreation, and academic enrichment were secured and coordinated. As Figure 1 and Figure 2 reflect, about 1,000 children and families per year received direct services. When multiple contacts are considered, more than 16,400 instances of service provision per year were noted (65,000 for the entire project).

Figure 3 reflects results of a benefit to cost analysis based on program component over a four year period. Some service components, such as the health care center, had higher start-up costs than others. A benefit to cost analysis was also conducted for the Project Coordinator position. Though the ratio was less than 1.00 during the first two years of the project, indicating that supporting the Coordinator was more expensive than the return in dollar value of services secured, by year five that ratio exceeded 20:1. For the five year duration of the project, the benefit to cost ratio for the Project Coordinator was approximately 4:1. A number of indirect impacts were also identified repeatedly by key informants. Among these were the evolution of a neighborhood collaboration model for the city, development of important linkages with other organizations, and the development of parents as leaders and community advocates. A conservative estimate of the indirect monetary value of the School of the Future project for the community was in excess of $1.3 million.

Student Outcomes

While it can be argued that the School of the Future project had an important direct impact on the community, the question remained whether the intervention was effective in

question remained whether the intervention was effective in terms of student outcomes. Though only one site is presented in this report, and results are still considered preliminary, similar trends are apparent across the other sites. Using the norms associated with the Achenbach Youth Self-Report (YSR), students appeared much more similar to the referred sample than the non-referred during the baseline period. This raised some questions for the research team regarding interpretation. For this reason, raw scores were used rather than the norms associated with the instrument. Table 1 summarizes results of the YSR. There was no sustained significant change as measured with the YSR ($p > .05$).

Student self-esteem was measured using the Rosenberg Student Self Esteem Scale. Two of the ten items on this scale demonstrated statistically significant change over the three years of administration. That change was in the desired direction. Student perceptions of school climate were measured using the instrument from the National Education Longitudinal Study (NELS). Eight of the thirteen items in this scale demonstrated significant change over time ($p < .05$). Unfortunately, the direction of change, in each instance, was contrary to the desired direction.

Discussion

The School of the Future model is essentially a systemic intervention. There were considerable outcomes in the community which can be arguably linked to the intervention. There were no changes in student mental health, self-esteem, or school climate which could be linked to the intervention.

The use of a small targeted investment in a single individual did serve as a sufficient catalyst to identify, implement, and coordinate services; however, these services have had no measurable effect to date on student mental health, physical health, or academic performance. This may be due to such factors as insufficient strength of the intervention, inadequate timeline, inadequate sensitivity of instruments, or inappropriate sampling for evaluation. There may have been a poor match between level of intervention and design of the effectiveness evaluation, or this may have been the wrong intervention if change in student mental health is the desired outcome.

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Liberton, C., Kutash, K., & Friedman, R. M. (Eds.), (1997). The 9th Annual Research Conference Proceedings, A System of Care for Children's Mental Health: Expanding the Research Base (February 26 - 28, 1996). Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, Research & Training Center for Children's Mental Health.